## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/532891 APPLICANT(S)

FILING DATE

## CLAIMS

	AS FILED		AFTER 1 AMENDMENT		AFTER 2 MAMENDMENT	
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OTAL DEP.	•	-	17 .	<del>-</del>	•	<b>(=</b> .
TOTAL CLAIMS	2		19			

PTO - 1360 (REV. 11/04)

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